

# CHILDREN

## Fact Sheet

### Overview

The emphasis on health coverage for uninsured children that was demonstrated by the KidCare and Medicaid programs has shifted from children only, to health care coverage for children as a part of the family group. Following are three tables that reflect the incidence of uninsured children nationally, and in Illinois.

### **Uninsured Children by Age, Race/Ethnicity Without Health Insurance\***

	<b>All Children - 1999 Uninsured</b>			<b>Poor Children - 1999 Uninsured</b>		
	<b>Total</b>	<b>Number</b>	<b>Percent</b>	<b>Total</b>	<b>Number</b>	<b>Percent</b>
Total (Children Under 18 Years)	72,325	10,023	13.9	12,109	2,825	23.3
<b>AGE</b>						
Under 6 Years	23,580	3,279	13.9	4,290	919	21.4
6 to 11 Years	24,761	3,301	13.3	4,273	994	23.3
12 to 17 Years	23,984	3,443	14.4	3,545	911	25.7
<b>RACE &amp; ETHNICITY**</b>						
White	56,666	7,130	12.6	7,568	1,883	24.9
White Non-Hispanic	45,542	4,071	8.9	4,252	806	19.0
Black	11,493	2,062	17.9	3,759	703	18.7
Asian/Pacific Islander	3,066	511	16.7	361	95	26.2
Hispanic	11,695	3,187	27.2	3,506	1,122	32.0

Note: Hispanics may be of any race.

\* Source: US Census, Health Insurance Coverage, 2000

\*\* Not all Race/Ethnic Groups Reflected

Hispanic children are more likely to be uninsured and more likely to come from low-income families.

White non-Hispanic children are most likely to be insured.

Twenty-three percent of poor children are uninsured.

Almost 14 percent of children less than 6 years old are uninsured, with uninsured rates being 13.3 percent and 14.4 percent respectively for children 6-11 and 12-17 years old.

The composition of children at or below 200% and 250% of the Federal Poverty Level follow:

<b>Uninsured Children Age 17 and Below in Illinois</b>	
Below 200% FPL	20.7%
Below 250% FPL	20.0%
Below 250% FPL (Chicago MSA)	24.2%

Source: United Power for Action and Justice

### **Number of Low-Income, Uninsured parents and Children in Illinois**

<b>Parents</b>		<b>Children</b>		<b>Income Eligibility for Medicaid/KidCare as a Percent of Federal Poverty Levels</b>	
<b># Uninsured</b>	<b>% Uninsured</b>	<b># Uninsured</b>	<b>% Uninsured</b>	<b>Parents (As of 2/01)</b>	<b>Children (As of 1/01)</b>
212,146	29%	310,365	24%	52%	185%

Source: As cited in Lambrew, Jeanne. 2001, May. Health Insurance: A Family Affair. The Commonwealth Fund.

There are about 1.3 million families in which children are insured but parent(s) are uninsured. Most are low-income families with children eligible, and parents ineligible for Medicaid.

Eighty eight percent of children living in single-parent families in 1999 were uninsured while 81.8% of children living in married couples were insured.

The rate of uninsured children is decreasing and the rate of uninsured parents is increasing.

There are 40% lower rates of uninsured children in states where coverage has been expanded to parents.

Many families have partial insurance (approximately 4.5 million families where some family members have insurance and others do not – about 2.9 million of these families are low-income families).

### **POLICY ALTERNATIVES**

Subsidize part or total premiums for low-income families to allow them to pay the higher premiums for the family.

“Allow...federal Medicaid/KidCare State funds for coverage of older children and low-income parents.

Expand Medicaid coverage to uninsured family members of the disabled who suffer financial hardship in their caregiver role.

Review qualifying rates as a percent of FPL for Medicaid and KIDCARE children (and parents).

Coordinate all public insurance programs and as new initiatives are implemented review existing programs for updates and improvements.

Involve small businesses in outreach and education about the existence of KIDCARE, Medicaid, and any other viable health coverage option available to the children of working parent(s).

Improve, enhance, and expand, communication, outreach, and enrollment sites, and minimize the application process. Consider single application form for Medicaid and KIDCARE and a single point of entry allowing intake procedures to be simplified and consolidated.

Assure cultural and linguistic diversity of enrollment staff and tailor outreach to target populations. Consider neighborhood outreach and registration visits by trained staff. Incorporate more languages in the outreach efforts in major metro areas such as Chicago and collar counties (Arabic, Chinese, French, and Russian).

Improve outreach programs to identify eligible children.

Source:

Sieben, Rosenberg & Bazile (2000, March). New York City Health Care, Field Report: The Role of WIC Centers and Small Businesses in Enrolling Uninsured Children in Medicaid and Child Health Plus. New York: The Commonwealth Fund.

Field, Matlock & Courtney. (1998, December) New York City Health Care, Insuring the Children of New York City's Low-Income Families. New York: The Commonwealth Fund.

O'Brien, et al. (2000, May). Field Report: State Experiences with Access Issues under Children's Health Insurance Expansions. New York: The Commonwealth Fund.

The Commonwealth Fund. (1998, July). Briefing Note: Covering Uninsured Children and Their Parents. New York: The Commonwealth Fund.

Lambrew (2001, May). Health Insurance: A Family Affair. New York: The Commonwealth Fund.

US Census Bureau. (2000). Current Population Survey: Health Insurance Coverage. US Census Bureau.

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